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# THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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## THE AMERICAN PRACTITIONER,

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DAVID W. YANDELL, M.D., AND JOHN A. OCTERLONY, A.M., M.D.

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THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, AUGUST 9, 1884.

## Original.

### PNEUMONIA AS AN INFECTIOUS DISEASE.\*

BY SAMUEL BRANDEIS, M. D.

The Congress on Internal Medicine was opened in Berlin on the twenty-first day of April, Prof. Frerich presiding. The first report announced was that of Prof. Turgison, from Tübingen, on Genuine Pneumonia.

"There was a time," (with these words the professor begins), "and it is not very far off, when the doctrine on pneumonia was considered as completed. A certain defined scheme of the same was accepted, which found its expression in accepting, as its cause, *cold*, its essence, *local inflammation*, its termination, *crises*, and *antiphlogos* — especially the *lancet*, its treatment. A change in those views took place only after Laennec and Skoda opened the way for a physical examination of the thoracic organs; Rokitansky developed the anatomic pathological features of the disease, and finally Dietle denounced phlebotomy in its treatment. Gradually, under the watching eyes of close observers, the views on the disease changed. Doubts as to the correctness of the old traditions arose, and voices were heard that in croupous pneumonia we have to deal, not with a local, but with a general disease, which localizes itself in other provinces of the economy, and not in the lungs only. This general ailment, if accepted as correct, leads us farther on to the acceptance that genuine pneumonia is an infectious disease. Ten years ago, when such expressions were first heard, it was rather difficult to substantiate the same. In the meantime facts were brought to light by experimenting pathologists, which in great measure tend to sup-

port the assumption that we have to deal, in this case, with an infectious disease." Concerning the details of investigation in this direction, the lecturer refers us to the other members of the committee, who will treat upon this subject separately. Adopting these facts as a basis, it will become necessary to examine in how far the clinical image of the disease agrees with the same.

*Frigus unica pneumonia causa*, proclaims the old teaching. What becomes of this dogma in our days? Looking at it without prejudice, and examining every case closely as to this special etiological factor, you will find that the proposition is only true in four per cent of all cases, while in the great balance it is either doubtful or altogether inadmissible. Another point is age. Here the opinion was held for a long time that pneumonia most frequently selects young and vigorous subjects for its victims. Careful statistical researches demonstrate that three fifths of all cases concern the ages between one and fourteen years. After the forty-fifth year, the rate is double that of between fourteen and forty-five. Notes collected by Prof. Austin Flint reveal that the feeble and delicate are particularly liable, and not the robust and vigorous.

In the last few years an interesting connection between some meteorological changes and the more or less frequent occurrence of pneumonia was discovered to exist, at least in Tübingen. Whenever the amount of atmospheric precipitation reached above the medium, the development of the disease would be suppressed, while, on the contrary, as soon as it would drop below the medium the latter would be favored. With this, dependence of pneumonia upon the moisture of the soil would be established, a relation which has been recognized to exist with reference to abdominal typhus. Another analogy between the etiology of typhus and pneumonia seems to be found in the fact that

\* Translated and read before the Louisville Medical-Chirurgical Society, July 25, 1884.

hygienic relations seem to exercise a great influence upon their respective development. This is especially the case with reference to the condition of habitation. Here attention is called by Emerich to the discovery of pneumonia cases existing in the steerage of ships. Thereby a considerable insight is gained into the pathogenesis of pneumonia, and the treatment of the same will have to be adjusted accordingly. The question whether pneumonia is directly transportable from person to person can, so far, not be decided. Prof. Flint, upon the basis of extensive observation, inclines to the opinion that pneumonia is a strictly contagious disease, but can not indorse this assertion unconditionally, as a disease so widely spread should have given more opportunity to observe such direct transmission. In cases where direct transmission seemed to be shown hygienic influences could have been assumed with quite as much propriety.

Is there a *unique* or a multiple pneumonic poison? To the answer to that question we are brought quite near by the advancement in micro-parasitology. It will be easy to demonstrate whether or not the pneumonic course, in its growth and effect upon animals, will in all cases develop the same manifestations, or whether there are any modifications. From the clinical standpoint it is almost natural to accept the unit of morbid complex. Even admitting that the variations from the original type are numerous, don't we find in other infectious diseases epidemics of mild, as well as of severe, character? Cases of typical and others of non-typical nature; cases with complications, and others without? In some cases the variety of localization is induced to accept a multiple poison; but in comparing various infectious diseases this must not appear strange, for we must consider that the poison is circulating with the blood, and, having a predilection for the lung or pleural tissue, will localize there, but under certain conditions may be arrested in other places. That this may be the case is actually proven by the fact that from the incipency of some cases quite different symptoms were observed, and only in a later period of the disease the pneumonic symptoms made their appearance. Of special interest in this regard are observations made by Prof. Nauwerk, in Tubingen. In thirteen kidneys taken from pneumonic corpses he found the so-called Frudtendes's cocci, and even in the veins conglomerated to regular zoöglobes. The professor himself found cocci in the

brains of such cases, as died from cerebritis following pneumonia. Another peculiarity of the pneumonic poison is that it does not act gradually, like that of typhus, but in spells. A special expression of this spastic appearance of the morbid cause is found in the temperature, parallel with normal rise and fall of the same. Careful measurement will discover some slight variations.

Analyzing the clinical manifestations carefully, we shall be able to discriminate three groups of symptoms. (1) General infection. (2) Implication of the heart. (3) Embarrassment of respiration. In the last instance the heart always becomes involved, as it is rendered unable to overcome the resistance of the respiratory sphere. These principles are valuable in their application to treatment. The discovery of the pneumonic cocci in the sick-room enhanced materially the importance of proper hygiene, especially in its prophylactic bearing.

Against a disease as formidable as pneumonia, which demands victims in number next to tuberculosis and typhus, a great variety of remedies are proposed and applied. Recently, iodine was suggested as an abortive against the disease. The professor is not enabled to confirm the suggestion. Nothing is left us to proceed systematically. In this respect the authorities differ; but so much is certain, that, be the treatment whatever it may, the greatest attention must be directed to the heart. Regarding the antipyretic treatment, the professor considers a moderate abstraction of heat as the best. By various parties this was opposed, and some have even declared all efforts unnecessary. This is decidedly wrong. At least a prophylactic treatment ought never to be omitted; on this will depend whether the patient will be passing through a rapid or tardy convalescence. The venesection, formerly looked upon as a sovereign remedy, is in our days only indicated where it is demanded to break the intensity of the inflammation. [(?) The translator.] But then an early introduction of prophylactic measures may render this proceeding unnecessary.

In conclusion, the professor condenses his essay into the following three theses: (1) Cold or refrigeration is rarely the prime cause of pneumonia. (2) Vigorous persons are not as frequently subjects of pneumonia as the delicate. (3) *Antiphlogos*, in the sense of our predecessors, is to be discarded.

Following hereupon the alternate Dr. Franzel discoursed on the parasitic view of the question, and called especial attention to

points of differentiation between the pneumonic coccus proper and that of the sputum septicemic coccus. This gave rise to an animated discussion, in which Friedlander (Berlin), Gerhard (Wurzburg), Ruhle (Bonn), Franzel (Berlin), Rosenstein (Leyden), Baumlér (Freyburg), and Nothnagel (Wien), participated. As the result, we must mention that we have not yet arrived at a point enabling us to deny altogether the influence of cold, there being quite a number of grave cases which could not possibly be explained in any other way. Nor is the unity of the infecting material positively established, in order to give satisfactory understanding as to the origin of a great number of pneumonias following upon chronic diseases.

LOUISVILLE, KY.

### ANODYNES AS "PLACEBOS." (?)

BY E. VON DONHOFF, A.M., M.D.

No one fitted by kindly instincts for the practice of the "Healing Art" will essay a denial of the proposition that the highest office of the physician is effected when he has controlled pain; when he has removed not only the symptom as such, but has effected a radical disappearance of its cause.

To what degree this desideratum may be accomplished by agents calculated to do great good and equally potent for harm, when rationally or empirically administered for the assuaging of the most prominent and hence most engrossing phenomenon of all disease, pain, is the matter to which I will ask your attention.

To contemplate his fellow-being writhing in agony in cold blood, and to feel merely a stoical indifference, is variably the boast of the savage or the pride of the man brutalized by false teaching. And yet there are many instances in which a calmness, often mistaken for heartlessness by the laity, must attend the truly courageous in their ministrations.

The wise man is at all times deliberate and rational; and with these characteristics is enabled to contemplate with virtuous composure and effect that which would readily dishevel the senses of his weaker brother.

This is not an aphorism which applies more nearly, but certainly more forcibly than elsewhere, to the treatment of human suffering.

\*Read before the Louisville Medical Society, July 17, 1884.

Pain is a relative term, and therefore is not at all times associated with a gravity of condition (lesion) which may be certainly anticipated from a mere description of this one prominent symptom.

An individual sustains simple contusion of a finger, and apparently suffers more than another with a dislocation of an arm or thigh. Pain is created and controlled through media other than those directly concerned in an injury or a site of disease. It is often the creation of the mind, and as such is distinctly recognizable; and is, except in rare instances, to be considered therapeutically in a way differing entirely from the ordinary. Especially will the gynecologist perceive the truth of this assertion. No less will the general practitioner of surgery and internal medicine at once recall the familiar groans, so vacant of significance to them, so full of horrifying influence to the friends, of their chronic cases and malingerers in hospital and private practice. Nor will they fail to remember how often they have yielded (in the goodness of their hearts?) and administered an opiate merely to quiet their consciences and the fantastical zeal of the friends. There is unmistakably an inadequacy about the basis of such data which not alone contributes in a great degree to the fallacies attending the empirical practice, but also mars medicine in its claims to scientific recognition. It must be borne in mind that no reference is pretended here to the administration of opiates or other anodynes in such cases as lead us to logically anticipate a true and desirable effect on the morbid condition, but rather to lay due stress on the impropriety of vagueness and generalization in the matter of prescribing them.

Every day affords experience to each of us which evidences the feeling bordering on contemptuousness, often active against our best efforts on the part of the most desirable of our patrons. They taunt the doctors with "prescribing substances the effect of which is to cloak their own ignorance—to hoodwink their patients and finally to corrupt them." And there seems to exist a foundation for this contumacious behavior toward the profession. For is it not a truth that the first dose of morphia (taken in a myriad of instances for a headache, a toothache, a griping in the in'ards, a stitch in the side, and such *petit malles*) was prescribed hastily, good naturedly, or worse, if that is possible, ignorantly by some doctor (?), and that this first dose has proven a fatal step-

ping-stone to physical and moral ruin. Is it not a companion fact that even when anodynes are rationally prescribed the erstwhile real sufferer often falls a victim to the thence incited appetite for such drugs?

Finally, is it not an appalling truth that the smallest proportions of anodyne *habitués* seem to possess the fortitude to put aside their bane?

So I might prolong the story of the evils wrought incidentally and inadvertently by this class of wondrously powerful agents, but I am content to rest here and leave you to recall for yourselves the oft-repeated imprecations pertinent to soothing syrups, and the like nostrums, with which rascally vendors invade the equipoise and peace of human life in its earliest period.

Coming now to a consideration of the true merit of therapeutic agencies invoked for the healing (?) of pain, we are brought face to face with the *issue par excellence* underlying the entire practice of medicine. It behooves us, therefore, to contemplate with every available power of penetration the uninfluenced methods of nature in her ministration to her sick, wounded, and sore members. Thence alone we may cull invaluable lessons.

At the very first glance the symptom, pain, appears a premonition, not an abstract factor of disease. It is an essence of physiological nerve-function. Regarded in this light we may study it in the relation borne to it by *natural* methods of relief. The first apparent phenomena in this connection are rest and its adjunct, position. Rest and position are so intimately blended as to be absolutely mutually dependent. It does not seem improbable to me, even in view of the great proportions assumed by the list of pain-destroying (?) substances, that a more thorough study of nature's own methods would be preferable to the use of artificial means in the large majority of emergencies. More or less emphasis has been accorded this position by every writer of prominence, especially since *surgery* has taken rank as part of the *science* as well as of the *art* of medicine.

Surgery has, of necessity, contributed more data toward the elucidation of correct methods in the management of pain, and this is *only* due to its more extended dealings with mechanical (in the broad sense) distortions of the body.

In the course of these remarks it has been submitted that pain is an admonisher; in surgery it is an infallible guide when it ex-

ists, and its *mechanical* removal is an accepted evidence of perfect readjustment of the disrupted relationship which had erected it. I am persuaded that what is true of surgery is no less so of internal medicine, though it is a little more difficult to adduce testimony to this latter effect. Let us consider, for example, a headache. Dr. William Henry Day, of England, has considered this subject of sufficient importance to devote the best years of his long life to its study, and to give to the profession a work replete with sound philosophy as a result. A long list of causes, principally productive of conditions purely mechanical in character, is therein ascribed to this multiform complaint. A few of these, as instanced by our author, will suffice for illustration. Plethora and anemia, somnolence and insufficient rest, constipation and diarrhea, hunger and over-eating, and a list of familiar appearances are fruitful causes of headache. Each suggests its own physiological remedy and the impropriety of medicinal interference. It is not necessary, as some may attempt to prove, to make philosophers of our patrons to induce them to submit to rational treatment. The more serious question is, I apprehend, whether we will try zealously enough to deserve recognition as earnest seekers and votaries of truth.

The painful testimony is that many content themselves with prescribing a dose of morphia, bromidia, or even chloral or chloroform after an indifferent effort to elicit the true cause of the maladies, and to solicit (?) permission forsooth to prescribe more scientifically even when the true cause appears on the surface.

Our title, doctor, proclaims us teachers. Let us evince our right to the distinction. The cause of *true* humanitarianism will not be deterred but rather strengthened. When the poor victims of placebo-treatment do not actually fall to moral nothingness they are frequently sufferers from conditions terrible to contemplate. The rectal surgeon could impart some useful hints just here. The miserable groveler in hospitals would resist the daily administration of drugs which undermine his digestive and eliminating functions and stand between himself and the recovery of his manhood and liberation from pauperism, if the general surgical and medical practitioner would try to overcome, by due application to the study of physiological methods, these abominable excuses for scientific practice exhibited in the inordinate use of anodynes.

## Miscellany.

STATE BOARD OF HEALTH OF KENTUCKY. The following circular has been sent to the five hundred members of the County Boards of Health, and to the Trustees of every town and village of our State, and the Health Officers and Councils of all larger places. It contains so much valuable information relative to epidemic cholera, its mode of dissemination, and the sanitary precautions necessary in view of a possible invasion of our domain, that we it quote in full:

PRECAUTIONS TO BE USED AGAINST CHOLERA.—*Asiatic Cholera* is again on its deadly march westward. Heretofore cholera in Western Europe has always been followed by an epidemic in this country, and so far Kentucky has never escaped the disease when it has gained a foothold on this continent. The disease, as now reported in France, presents the same threatening aspect that it has in former years preceding its introduction into this country, and while it is entirely possible that we may escape the disease this year, it must be admitted that the facilities for its importation are much more numerous and rapid than ever before, and that the history of former invasions warrants the opinion that its reappearance here is probable at any time. Under these circumstances it becomes the duty of this Board to call the attention of those intrusted with the administration of sanitary laws, and the public, to the best known methods of preparing for and combating the disease.

The experience with former epidemics of cholera, in the light of modern research, has demonstrated the fact that there are three essential factors necessary to its prevalence as an epidemic in this country. (1) The contagium or specific germs of the disease, transported more or less directly from their only place of origin, in India. (2) Human beings afflicted with the disease in some of its stages, or clothing or merchandise infected by such persons, to carry these germs from place to place. (3) An inhabited town or place, properly prepared by the neglect of health requirements for the reception of these germs. A consideration of these factors naturally suggests the methods which would seem most successful in combating each of them.

As cholera has its origin only in India, and must be transported to this country only in ships, it is conceded by all scientific sanitarians that an intelligently conducted quarantine, which would question the freedom from the disease of all travelers, immigrants, baggage, and merchandise before embarkation or shipment from European ports; the strict surveillance of all suspicious persons and things while on shipboard, and, if necessary, the detention for treatment or disinfection of such persons or things on their arrival in this country, would effectually protect us from the ravages of this disease. A quarantine thus conducted would be a help rather than a hindrance to commerce. After the great epidemics of cholera and yellow fever in the last decade, a National

Board of Health was established for the United States, which instituted a system of quarantine of observation of this kind, but the absence of epidemics for the last few years has caused the practical abolition of this organization, and it is now well known that our general Government makes no systematic effort to protect the country from epidemic diseases. This excludes this method of combating the disease so far as we are concerned at present.

*How to Prevent its Spread.* Cholera is not contagious in the ordinary sense of that term, and attendants upon those sick with it are rarely attacked with the disease. The infective cause or contagium is contained chiefly, if not entirely, in the matters which the patient discharges from the stomach and bowels, in his clothing soiled thereby, and may be on almost every thing that comes in contact with him. It has been abundantly demonstrated that these discharges are not capable of reproducing the disease when fresh, but that after decomposing for a few hours, especially in the presence of dampness and filth, they become highly infective. Deposited without previous disinfection in a foul privy-vault, near a polluted well, or under other favoring local conditions of foul air and filth, the germs of the disease multiply with such infinite rapidity as to spread as if by explosion. These germs enter the system by means of the effluvia arising from such places, often in infected water, and possibly, sometimes in solid food. This infective property belongs to the discharges of those slightly affected by the disease as fully as to those of its advanced stage.

After cholera gains a foothold upon the continent, its infective cause or contagium is conveyed from place to place along the lines of human travel, chiefly by those so slightly affected by the disease as to yet be able to travel, or by clothing or other articles which have been in contact with the cholera-sick. As even the light and painless diarrhea of the early stage, or light form of the disease, may, under favoring local conditions, infect the earth, the privies, and the water-supply wherever the travelers from cholera districts may go, with our modern facilities for travel its propagation is often very rapid after it has once become epidemic in one of our commercial centers. Then, too, as the period of incubation of cholera often lasts several days, a person may contract the disease in an infected place and travel to a distant one before being stricken down, to become a fresh center from which it may spread.

In view of these facts it is not strange that quarantines which attempt to prevent the importation into healthy districts of those sick with cholera, and things infected by them, have always had a strong hold upon the popular and even the professional mind. Nor, with the difficulty in recognizing the disease in its earlier stages, and the impossibility of detecting it during the period of incubation, is it strange that all such attempts have proved ineffectual, except on shipboard, where the cases are under observation long enough for the disease to fully develop, and in small isolated places where the quarantine can be made absolute. At any rate this is recognized to be true by the leading sanitarians of this country.

While inland quarantines and the fumigation of trains and travelers are as useless as they are annoying as against this disease, an efficient local

inspection service, which attempts to keep those coming into the locality from an infected district under sanitary observation, may be made of the highest value to such persons as well as to the community. The importance of the early recognition of the first case, and of the thorough destruction or disinfection of his dejections and of every thing infected by them, should be impressed upon the entire community as well as the medical profession. All the discharges from the body should be immediately and thoroughly disinfected while fresh and harmless, and all cast-off clothing, bedding, and other articles soiled by contact with the patient should be promptly disinfected. A knowledge of these well-demonstrated facts widely disseminated would not only prevent the spread of the disease, but would do much to prevent the disgraceful panics and cruelty to the sick which so often attend it. Should cholera reach our shores, a brief statement showing what to do in its presence will be immediately sent to all parts of the State through the local health authorities.

*How to Prepare for the Disease.* Having shown that no efficient National quarantine has been established to prevent the importation of cholera into this country, and that an inland quarantine to prevent its spread is impracticable, it remains to consider the means to be resorted to before the disease reaches your locality. Experience has abundantly demonstrated the fact that cleanliness is the best protection against cholera as it is against most other sickness. Although the germs of the disease are scattered broadcast during every epidemic, they cease to be reproduced beyond the boundary lines which separate the cleaned, drained, and ventilated premises from those which are filthy, undrained, crowded, and unventilated. The disease can be and often is imported into a healthy locality, but the conditions of filth in earth or water being absent, no extended series of cases are produced. In 1873 Louisville prepared for the disease, and had thirteen cases, chiefly imported, while it prevailed as an epidemic in nearly one hundred of the filthy, undrained towns and hamlets of the State.

It was thought that the disease was very much restricted during the last two epidemics in this country by attention to sanitary measures—especially in the large cities, and it is safe to say that our knowledge of the methods of resisting the disease has so greatly increased since then that no city or town which heeds the warning here given need suffer greatly. It should be borne in mind that measures of cleanliness taken beforehand are of far more importance as a protection against cholera than the removal or disinfection of filth after the disease makes its appearance. We would recommend, therefore, that all local Boards of Health and Health Officers, and the people themselves, begin at once the work of putting our cities, towns, and country homes in the best possible sanitary condition. Accumulations of animal and vegetable matters in the streets, alleys, and yards, and all privy-vaults, cess-pools, sinks, drains, cellars, and all other places suspected of being dangerous to the public health should receive immediate attention. Tenement houses and all places thickly settled by negroes and the lower classes of whites should be rigidly inspected and put in the best possible sanitary condition, and the inspection should be frequently repeated dur-

ing the summer. In this connection our people should be taught the wide distinction which exists between cleanliness and disinfection. Disinfection, as ordinarily applied to streets, gutters, and premises, by means of carbolic acid and other remedies, without thorough cleansing beforehand, are misleading and utterly useless. They only smell worse than the natural odors given off from such places. Such disinfection doubtless has some value after as thorough removal of the filth as possible, but should never take the place of this.

As the water-supply is the most prolific medium for the spread of cholera, all public wells and springs should be carefully looked after by the health authorities, especially in localities where imperfect sewerage and drainage render such sources of supply liable to contamination. Private wells and springs should be guarded against pollution by promptly and properly taking care of all the waste matters of the household.

The powers of health boards to do this work are clearly defined under our laws, and if any resistance is offered immediate steps should be taken to enforce the law and instruct our people that the public good is paramount to individual convenience and prejudice. After the health authorities have done their full duty, much remains for both public and private protection, which can only be done by the individual or the household. Pure water, good ventilation, healthful food, scrupulous neatness of premises and person, regular and temperate habits, and in fact, every other factor which is conducive to good health, furnish the best means of protection against this and all other diseases.

Complaint is frequently and justly made by the local health authorities in Kentucky that the State has made small provisions for the execution of sanitary work or for the proper recognition of the laborious service required. This difficulty is common in the experience of most of the health boards of this country, and will disappear in proportion as the small powers and funds intrusted to them are judiciously used. In the presence of a threatened epidemic, the proper presentation of the necessity for such work for the public good to the city and town councils and county courts will usually readily secure the necessary funds for its execution.

It is important for the public to understand that pains taken and costs incurred in this work will not be wasted whether cholera comes or not. The same unfavorable local conditions which will enable cholera to spread if its infective germs are imported into the State are the same conditions which day after day cause and spread other diseases, such as typhoid and scarlet fever, diphtheria and other filth diseases, which, though less alarming because they are more common and slower in their work, are far more destructive to life. The threatened invasion of cholera will prove a benefit if, in preparing for it, we remove the causes of these diseases, which produce a hundred-fold greater mortality in Kentucky than cholera, and, in doing so, instruct our people that the same better habits and methods of living which prepare them to resist cholera will also protect them against our more fatal every day plagues.

The duty of householders and physicians to give the city, town, and country boards of health

having jurisdiction, prompt notice of the first and of every case of disease dangerous to the public health, and of such boards to take prompt measures for the restriction of the disease, have been so fully and so often set forth in circulars from this Board that they need hardly be repeated here in connection with so dangerous a disease as cholera.

PINCKNEY THOMPSON, M. D.,

J. N. McCORMACK, M. D.,

President.

Secretary.

**A MALPRACTICE SUIT.**—Early in May, at London, there was concluded a suit brought against a medical man, claiming damages for malpractice in the treatment of a fractured ankle. The plaintiff, a young lady, fell and sustained a dislocation of the ankle and fracture of one of the bones of the foot. The limb was treated scientifically by the application of plaster splints, and rest enjoined. This injunction was disregarded, and serious consequences resulted. The jury very properly gave a verdict for the defendant. The medical testimony was perfectly conclusive in regard to the propriety of the treatment. There appear to have been no reasonable grounds for instituting proceedings against the attending surgeon. Indeed, the plaintiff was urged on by injudicious friends in the face of advice from other medical men, who stated that the treatment had been well devised, judicious, and correct.

We heartily congratulate Dr. Arnott on the successful issue of this harassing and distressful action. To a conscientious man it is ever a source of regret that his skill and judgment have been called in question, even though no shadow of reason was shown for the doubt. The annoyance, the loss of time, the personal inconvenience, and the probable loss of prestige from the mere fact of his skill being questioned, even though triumphantly vindicated, can not be compensated for by any monetary consideration, nor yet by the satisfaction of a successful and overwhelming rebuttal of the charges.—*Canadian Practitioner*.

**EXPLOSIVE LAMPS.**—Last week, at Walsall, a child was killed by the instantaneous explosion of a petroline lamp. The causes of such explosions have been fully ascertained, and it would be well for public safety if they were more widely appreciated. While the faulty construction of lamps is the cause, possibly, of a few explosions, it is in the character and quality of the oil which is used that the reason for the bursting of lamps is mostly to be found. There is no

risk whatever in burning animal or vegetable oils, neither is there any danger of explosion in the use of lamps burning petroline and other mineral oils, if care be taken to burn only good oils. The cheapest mineral oils are dangerous, because they frequently give off highly explosive gases at comparatively low temperatures. The sale to the public of dangerously explosive products in the shape of low priced mineral lamp-oils ought to be effectually prevented. *British Medical Journal*.

In the American Journal of Obstetrics for May, Dr. Baer warns the profession against regarding metrorrhagia at or just after the change of life as one of the freaks of the menopause, since cancers are found most frequently at that age, and an early diagnosis is necessary for surgical interference.—*Medical and Surgical Reporter*.

THE treatment of cholera is a very difficult medical problem, still *sub judice* one on which the public are quite incapable of forming a judgment, and on which the profession have yet much to learn, by intercommunication of views and facts, and by continued and patient scientific and clinical research.—*British Medical Journal*.

**NATIONAL CONFERENCE OF BOARDS OF HEALTH.**—Recent news of the abatement of the cholera epidemic in Europe, with the absence of the President and Cabinet from Washington, the proposed meeting of the National Conference of Boards of Health has been postponed.

**SALICYLIC ACID IN CYSTITIS.**—Prof. Bartholow recommends salicylic acid, either by injection or internally, in large doses for cystitis. Administered by the mouth it acts after being excreted in the urine.—*Canadian Practitioner*.

WHEN symptoms of strangulated hernia exist, the slightest fullness and tenderness in one groin over either of the rings is a sufficient localizing indication to warrant operation.—*Roberts, in Maryland Med. Jour.*

**AH SIN!**—A Chinese doctor in Arizona Territory was fined one hundred dollars because his diploma turned out to be a laundry list.—*New England Medical Monthly*.

**CHOLERA** has appeared at Geneva, Turin, and Genoa.

## The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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### JOHN B. BANGS.

There is some other hand that twines the thread of life than that of nature. : : . Our ends are as obscure as our beginnings; the line of our days is drawn by night, and the various effects therein by a pencil that is invisible; wherein, though we confess our ignorance, I am sure we do not err if we say, "It is the hand of God." — *Sir Thomas Browne*.

Three times in the career of this journal, and in scarcely more than as many years, has the shadow of death fallen suddenly upon its pathway. First, the young and gifted Cowling passed away; next, his eminent associate, Vandell (the lamented editors); and now one who, as its publisher, has been ever alive to the best interests of the journal, the trusted friend and wise counselor of the editor, has gone down to the narrow house.

Mr. John B. Bangs, for many years a prominent member of the firm of John P. Morton & Co., died at his summer residence near New Albany, Ind., on the 2d instant, after an illness of only a few days.

Mr. Bangs was born in 1836, in New York. The son of an eminent clergyman, he was carefully educated in his youth, and arriving at manhood he entered the wholesale book house of Bangs, Merwin & Co., of New York. Here his sterling integrity and fine business qualities attracted the attention of

Mr. John P. Morton, who, in 1859, while on a visit to the metropolis, persuaded him to come to Kentucky. Upon his arrival here, Mr. Bangs at once entered the publishing house of this gentleman, where from the position of book-keeper he soon became a partner, and rapidly advanced to a place second only to the senior member of the firm. Here, for twenty-five years, he has been not only a prominent factor in the growth of the business up into its present splendid proportions, but has been also a leader in numerous commercial enterprises and charities.

Mr. Bangs was a man of commanding presence, affable manners, high culture, and deep religious convictions. His mind was vigorous, clear, and logical, and these gifts, with the spirit of ceaseless industry and a wonderful capacity for work, made possible by robust health, enabled him to take rank among the foremost business men of the West.

In his death the commercial world has lost one of its noblest representatives, the Christian charities a faithful steward, and medical journalism a sage and generous conservator. He leaves a wife and four children, to whom, in their deep bereavement, are extended the kindest sympathies of a host of friends.

### THE MIDWIFE.

Last week there was returned to the Health Office of Louisville a death certificate executed in due form and signed by a well-known physician. The document certified to the death of a woman and her child, and the cause of the death, though set down as *placenta previa*, was supplemented by the startling clause—"superinduced by the criminal carelessness of a midwife."

This item, it seems, did not escape the eagle eye of the reporter; the physician was interviewed and the facts of the case, with the reasons for the above named etiological deduction, appeared in the Evening Post of August 5th.

From this account it appears that a woman expecting soon to be brought to bed had secured the services of a midwife. When within a few weeks of her delivery the hemorrhage announcing placenta previa occurred; this was treated by the accoucheuse as a trivial matter until, on the day of delivery, it became alarming. On the morning of this day the midwife called, and doubtless being frightened at the now profuse hemorrhage, the cause of which she did not even suspect, and not having the prudence to seek medical counsel or the moral courage to confess ignorance, and being either careless or unconscious of the woman's peril, she left the house at 10 o'clock A.M., promising soon to return. She was not thereafter seen. Late in the day the physician was summoned; but not until affairs had assumed such a state that it was not possible to save either the mother or the child.

In view of so aggravated an instance of incompetency, made worse by a show of stolid indifference to the patient's perilous situation, the doctor's indignation was no more than might have been expected, and his unequivocal statement of the secondary factor in the cause of the double death to which he was called to certify may be justified, though in its wording he evidently trespassed upon the legitimate domain of the coroner.

The midwife of our day and land is a barbaric relic of the primitive state of obstetrics which should be put aside or improved without delay. The craft, with but a few honorable exceptions, is represented among us by grossly illiterate women of foreign birth (usually German), who, by charging a mere trifle for their services, are able almost to monopolize the obstetric business among the poorer people of their own nationality. So far from possessing even a rudimentary knowledge of the great art which they essay, many of them lack even the intellectual prerequisites of the competent monthly nurse. In a normal labor their knowledge is just sufficient to make them meddlesome, while in dystocia their igno-

rance becomes criminal, in that the life of the child, with often that of the mother also, is sacrificed through timid temporizing or an unskilled and pernicious interference.

The case above noted is only one of many which come under the eye of all physicians who practice among the Germans of our American cities. To such the abuse is especially exasperating because these pretenders not only take from the doctor the labor cases in many families, who, at other times of need, regularly employ him, but by ignorant neglect or blundering interference they are the indirect means of casting opprobrium upon his skill whenever a difficult or abnormal labor falls to their lot and drives them to seek his counsel at a time when it can be of little or no avail.

That the midwife, as she is in our land to-day, is an evil which should be promptly mended or ended will be conceded by every physician who has been called to cross her path; but since the traditional fondness of the average German woman for a female attendant in labor, with the pecuniary considerations involved, is in this generation at least an insuperable difficulty in the way of enforcing the latter part of the proposition, wise measures for attaining the former should at once be taken.

If it be not practicable to establish schools for the education of midwives, some means for promoting private study among them might be devised. Tracts for their enlightenment might be issued by the health boards, and in the larger cities a special course for their instruction at the regular medical colleges might be provided for, or a term of service prescribed under the direction of the staff obstetrician or resident physician in the lying-in wards of the hospitals.

Whether these means of instruction be practicable or not it is clear that midwives should be required to show some certificate or other authoritative testimonial of competency, in order that the few who are skilled may be selected from among the

many incompetent ones, and that a large and respectable number of our German women may, during the perils of childbirth, be no longer left to the bad piloting of a set of antiquated ignoramuses.

### Bibliography.

**Sexual Neurasthenia (Nervous Exhaustion): Its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous.** By GEORGE M. BEARD, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of New York, etc. (Posthumous Manuscript.) Edited by A. D. ROCKWELL, A.M., M.D., Fellow New York Academy of Medicine; of the American Neurological Association, etc. New York: E. B. Treat. 1884. Price, \$2.00.

This posthumous work of one of our most original investigators and able writers in the department of neurology, whose untimely death may be regarded as one of the calamities of our profession, will be read with great interest.

Fortunately the manuscript was left in a state which rendered its publication easy, and the editor by long association with the author and a perfect familiarity with the cases upon which the treatise is based, has been able to make good any deficiency which might have left it incomplete.

The following quotation from the author's introduction gives some of the considerations which have led to the production of the work:

The philosophy of this work is based on the theory that there is a special and very important and very frequent clinical variety of neurasthenia (nervous exhaustion) to which the term sexual neurasthenia (sexual exhaustion) may properly be applied.

While this variety may be and often is involved as cause or effect or coincident with other varieties—exhaustion of the brain, of the spine, of the stomach and digestive system—yet in its full development it can be and should be differentiated from hysteria, simple hypochondria, insanity, and various organic diseases of the nervous system, with all of which it had until lately been confounded.

The long familiar local conditions of genital debility in the male—impotence and spermatorrhea, prostatorrhea, irritable prostate—which have hitherto been almost universally described as diseases by themselves, are philosophically and clinically analyzed. These symptoms, as such, do not usually exist alone, but are associated sooner or later with other local or general symptoms of sexual neurasthenia herein described.

The causes of sexual neurasthenia are not single or simple, but complex; evil habits, excesses, tobacco, alcohol, worry and special excitements,

even climate itself, are the great predisposing causes.

The subject is restricted mainly to sexual exhaustion as it exists in the male, for the reason that the symptoms of neurasthenia, as it exists in females, are, and for a long time have been, understood and recognized. Cases analogous to those in females are dismissed as hypochondriacs, just as females suffering from now clearly explained uterine and ovarian disorders were formerly dismissed as hysterics.

This view of the relation of the reproductive system to nervous diseases is in accordance with facts that are verifiable and abundant; that, in men as in women, a large group of nervous symptoms, which are very common indeed, would not exist but for morbid states of the reproductive system.

The forty-three cases described in this work are variously diagnosed, according to the previous notions, education, temperament, age, and the consideration the physician may have given to the case.

The treatment, like its causes, is complex—a union of local and general medication, of mental therapeutics and hygiene, the improvement of nutrition, and not by any specific drug or prescription.

It must be evident to any reader of the book that, if our author's deductions are sound, the undue license in sexual gratification fostered and favored by our modern civilization is bearing bitter fruit in the shape of a widespread and ever-increasing nervous derangement which may in time result in a serious deterioration of the race. For he brings forward a list of affections as symptomatic of sexual neurasthenia (notably variations from the normal state in the urine), which are commonly attributed to derangements and defects of the general nutritive functions.

It is a well-known physiological fact that reproduction is an exhaustive function, examples of which are abundantly presented in the vegetable and animal world. Profuse flowering and seeding soon exhaust the plant, while among many of the lower forms of animal life the reproductive act results in the almost immediate death of the male, the female lingering only long enough to mature and deposit her full quota of eggs.

In birds, in the wild state, and in the majority of the mammals, sexual excesses are unknown, the animals copulating only during the nesting or rutting season, and then virtuously and moderately in individual pairs, while, with such beasts as are promiscuous in their intercourse, the time is limited to a short season, and the never-ceasing contention of the males for special privilege is nature's method of keeping full license from running into sexual excess.

With man the order of nature has been perverted, and sexual intercourse, whether legally or illegally practiced, is made in most instances a perennial round of pleasure, with results which must be either corrected by natural selection or in time redound to the serious detriment of the race.

It is high time that the profession, in bringing preventive medicine to the front rank among the sciences, should give the question of sexual hygiene their most careful attention, lest the overloaded instinct of reproduction should become in man a weight too heavy for human advancement.

The author handles this subject with characteristic learning, logic, and grace of diction, and we believe that his thorough survey of the ground and broad philosophical conclusions will do much to bring the physician into a proper attitude with regard to one of the vital sociological questions of the day. We hope that the work will be carefully read by the profession.

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**A Manual of Obstetrics.** By A. F. A. KING, M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbia University, Washington, D. C., and in the University of Vermont, etc. With nine illustrations. Second edition. Philadelphia: Henry C. Lea's Son & Co. 1884.

The call for a second edition of this manual in twenty months after the issue of the first is sufficient evidence of its popularity, and proves that the author's attempt to simplify and popularize the study of obstetrics by means of a brief treatise has proved a full success.

The work, though necessarily kept within narrow limits, is nevertheless remarkably comprehensive in its scope, and the student and practitioner will find that its short chapters and succinct paragraphs bring before him well-nigh every point essential to a practical understanding of obstetric science. The author, like those who write more elaborate works, makes free use of the writings of the masters, but the book also contains much of the fruit of his own experience and special study, which, with an original style in the handling of the subject throughout, is sufficient to give it a rank above that of a mere compilation.

It can not, of course, serve as a substitute for any of the able and exhaustive treatises on obstetrics with which our literature abounds; but as a manual for the student and a hand-book for the practitioner

it is most fit, and will be duly appreciated by all whose time forbids them the luxury of dwelling at length upon the mooted points, many sided opinions, and doubtfully balanced arguments of the many obstetricians who have made voluminous and vast our modern obstetric literature.

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## Societies.

### **PATHOLOGICAL SOCIETY OF PHILADELPHIA.**

Thursday evening, June 26, 1884. The President, Dr. Tyson, in the chair. Dr. Nancrede, presented specimens from a case of

*Resection of the Humerus.* Mary D., aged seventeen, from whom these specimens were removed, received a severe compound comminuted fracture of the left humerus by having her arm wound around the main shaft of a spinning-mill's machinery, on January 2, 1884. She also at the same time received several severe scalp wounds. Irrigation with bichloride-of-mercury solution resulted in the salvation of the arm, although in the effort the girl nearly lost her life. At the end of six weeks, no union having taken place, the ends of the fragments being necrotic, I cut down, removed the single fragment here presented and, after sawing off the ends of the main fragments, drilled and fastened them together with two stout silver wires. The whole extremity was then put up in a fixed apparatus-plaster which was not disturbed until irritation of the skin from pressure, etc., required it. Now, at the expiration of about five months, the fragments seem firmly consolidated with the line of the bone apparently perfect.

Dr. G. De Schweinitz presented microscopic slides from a case of

*Spindle-celled Sarcoma of the Breast.* I desire to exhibit a few sections this evening cut from a tumor of the breast, removed by Dr. John Ashhurst in the University Hospital. The history of the case in brief is as follows: Annie S., married, aged thirty-five, the mother of four children. Family history good. Her own health good until two years ago, when she began to suffer from malaria. The tumor of the breast first began to be manifested one year ago and grew gradually without much pain until the date of operation, when it had attained the size of an orange. There was no enlargement of the axillary glands. The

nipple was not retracted. The growth to the touch was hard in spots, the skin had become adherent, giving rise to "the pitted somewhat brawny or lardaceous appearance" which is described by surgical writers as rather indicative of scirrhus of the breast. This appearance was sufficiently marked to cause the diagnosis of hard carcinoma to be suggested as probably correct. After removal, when the mass was laid open, both its surfaces did not appear concave as is usually the case in a scirrhus. Microscopic examination cleared up the diagnosis, for, as you will see by examining the specimens, they show the typical appearances of a small spindle-cell sarcoma. It seemed a good case to illustrate the difficulties sometimes encountered in correctly diagnosing tumors of the breast, and for this reason I have briefly placed it upon record.

### Selections.

**PRECAUTIONS AGAINST CHOLERA AT MONACO.**—The little Principality of Monaco, always distinguished among other health-resorts of the Riviera by the scrupulous order and cleanliness of its streets, has adopted, early in the day, energetic measures to ward off the danger of cholera. Though the health of the population is exceptionally good, the authorities are alive to the risks they incur. The sewers, the public latrines, and urinals are now disinfected every day by agents of the Government. Narrow passages and streets in the old town have all been whitewashed, and the houses of the poorer classes and lodging-houses have been subjected to careful inspection. Cess-pools are more frequently emptied, but this operation is preceded by the use of a large quantity of sulphate of iron. The decrees rendering it a penal offense to allow the overflow from cesspools to run into the sewers, or to empty out into the sewers any night soil, have been republished and extensively circulated throughout the Principality. The inhabitants are further called upon to keep their bedroom windows open all day, to boil and filter their drinking-water, and to thoroughly cook their food. The markets are strictly watched, fruits and vegetables not absolutely sound, that seem either over-ripe or insufficiently ripe, are at once seized and thrown into the sea. Private shops are also inspected daily, and

large quantities of fruit have been taken away and destroyed. All who have night duties to perform—policemen, railway servants, etc.—are compelled to wear their woollen clothing in spite of the heat, and they are forbidden to drink crude water, and to touch raw fruits or undiluted spirits. All luggage and goods coming from Toulon and Marseilles must be disinfected before they are allowed to enter the Principality, and throughout the most scrupulous cleanliness is observed. Unfortunately, all these precautions are not sufficient. The entire system of drainage must be reformed before true security can be enjoyed. So long as house-drains are not tapped and ventilated, so long as cess-pools continue to exist, the Principality will not be free from the menace of epidemic disease. Nevertheless, so far as surface cleanliness and careful scavenging are concerned, it is admitted on all sides that Monaco and Monte Carlo stand pre-eminent among all the other towns of the Riviera.—*Lancet*.

**GUNSHOT WOUND OF THE STOMACH; SUCCESSFUL LAPAROTOMY.**—Professor Kocher, of Berne, has recently operated with success on a case of gunshot wound of the stomach. A boy, aged fourteen, was admitted into hospital half an hour after having received a wound in the region of the stomach, from a pistol-shot aimed at him from a distance of about five paces. He was pale, and complained of abdominal pain; the abdomen was swollen, and distinctly dull on percussion inferiorly. Pressure on the abdomen caused pain. A quarter of an hour later, hiccough, severe epigastric pain, vomiting, pallor, and symptoms of collapse came on. There was tympanitic resonance from the ensiform cartilage to the umbilicus, with complete dullness from the navel downward and in the flanks; the lightest percussion caused severe pain. Three hours after the injury, laparotomy was performed. On opening the abdominal cavity in the region of the navel, a great quantity of dark blood escaped. The bullet wound was discovered with comparative ease; it was situated on the anterior surface of the stomach, toward the greater curvature in the direction of the fundus. The wound was circular, with sharp edges, and about half an inch in diameter. The bullet could not be found, nor was there any aperture of exit. The edges of the wound were united, first with two catgut ligatures, like an ordinary wound, and then a contin-

uous silk suture was applied for the distance of about an inch, so as to invert the serous coat around the wound. Recovery was retarded by an abscess which formed in the track of the sutures in the abdominal wound. Professor Kocher declares that, considering the impossibility of recovery in cases of gunshot wound of the stomach when active measures are not taken, it is the duty of the surgeon to perform laparotomy whenever an injury of that kind is suspected. The case is recorded in a recent number of the *Korrespondenzblatt für Schweizer Aerzte*, where Professor Kocher publishes several other recent cases of operations on the stomach. Out of three cases of resection of the pylorus, one recovered; a case of gastro-enterostomy, for cancer of the stomach, terminated fatally; one case recovered where the stomach of an agricultural laborer was opened for removal of the end of a coin-catcher, which had broken off during an attempt to extract a large tin nail which the patient had swallowed. The nail itself could not be found. Professor Kocher has also recently performed three gastrostomies for the relief of cancerous stricture of the esophagus. One of the patients died within twelve hours, from collapse; the second died on the third day with septic symptoms. The third recovered, left the hospital, and died suddenly two months after his discharge, apparently from an apoplectic stroke.—*British Medical Journal*.

**A CASE OF EXTRA-UTERINE GESTATION; DELIVERY OF A LIVING CHILD PER VAGINAM; REMOVAL OF PLACENTA; RECOVERY.**—The patient was aged thirty, the mother of five children. In November, 1880, menstruation (which had been regular, though scanty for two months) ceased, and abdominal pain began. In December, 1880, a lump was noticed low down in the left inguinal region. She was first seen by the author in March, 1881, when she had a tumor rising to the level of the navel, filling the left vaginal region and extending two inches to the right of the middle line. The uterus could not be mapped out. The sound passed three and a half inches, slightly to the right side and in front of the tumor. There was occasional pain in the tumor, tenderness, and a feeling "like jelly moving" which made her feel sick; painful micturition, irregularity of bowels. The tumor continued to enlarge, fetal movements became stronger, and the pain more severe. On April 12th she had an attack of pain and nausea, with

pulse 146, temperature 103.6° F., cold extremities and cold sweats; relieved by morphia. A similar attack occurred on April 23d, another on May 2d, and another about May 18th. On June 2d a somewhat similar attack was accompanied by pretty regular labor-like pains, independently of fetal movements, and accompanied by a red discharge. The tumor continued to grow, and the most rapidly growing part was always the most painful. On June 13th occurred another attack like the last, but the pains were bearing down, though no bulging during them could be felt per vaginam. On June 28th she had a very severe attack of pain during micturition, followed by attacks of syncope. The roof of the vagina was filled with a doughy mass, solid on deeper pressure. Operation per vaginam was at once decided on, and performed without chloroform at the patient's request, by cutting with a knife and tearing with the finger nail. The face of the child was found presenting, and was delivered by forceps easily. It was still-born, but soon revived. The placenta was at the posterior and left side of the cavity, its lower border some two inches from the vaginal roof. It was easily peeled off, a sponge soaked in perchloride of iron following it up. There was very little bleeding. The clots were removed from the cavity, its walls were touched with perchloride, and the operation ended. Much exhaustion followed the operation. The child weighed eight pounds seven and half ounces, and appeared mature. The placenta was three-lobed, but was destroyed before a careful examination could be made. The after-treatment consisted in washing out the cavity antiseptically. The opening healed in three months. Severe pain in the side lasted for nearly two years after the operation. She was seen in August, 1883, in excellent health, had no pain except after great fatigue; had menstruated normally for six months. The child was healthy, the largest, and a great deal the heaviest, of the family—*Dr. Mathieson, of Ontario, in the Medical Times*.

**THE COURSE OF THE FEVER IN ACUTE CROUPOUS PNEUMONIA.**—Silvestrini dwells upon the somewhat neglected irregularity of the fever in acute pneumonia. The temperature, he thinks, practically does not, as a rule, adapt itself to the classical three periods of the disease.

There are cases of pneumonia which run their course in three days, others in much more; and the temperature follows in its

behavior the various phases of the morbid process. The temperature-curve is irregular even in cases of frank pneumonia following a typical course; if the temperature be taken every two hours, oscillations are noticed which escape observation if the thermometer be only used twice a day. The author records cases in which objective examination and consideration of the thermic curve showed that rise of temperature always coincided with the appearance of a new pneumonic nucleus, and diminution or cessation of fever with the appearance of the signs of hepatization. At this moment, when the exudation coagulates, a compression is produced between alveolus and alveolus and arrest of the blood and lymphatic circulation, and hence absorption of the pyrogenic products of inflammation is prevented. Fever only accompanies the period of exudation, during which the absorption of the pyrogenic products is facilitated; every elevation of temperature corresponds to a new invasion of the process, the pneumonia being considered as the union of so many pneumonic processes, which succeed one another with greater or less rapidity in different cases; and this succession of accesses goes *pari passu* with the oscillations of the thermic curve. The duration of the morbid process is short; the succession of anatomo-pathological periods rapid; but the nature of the process is to diffuse itself in other territories, where the same phenomena are developed, capable of producing the same manifestations. If the invasion take place quickly, there will be almost continuous fever; if slowly and interruptedly, the fever will have a more or less regularly intermittent type. If the pneumonia invade one tract only of the lung, and be arrested there, it will give rise to symptoms only lasting one day or two; if the process invade gradually all parts of a lung, there will be fever of long duration. The diffusion of the morbid process is by the bronchi, and not by lymphatic absorption or contiguity. If the diffusion took place by contiguity, those cases in which the process invades irregularly various zones of the lung could not be explained.—*Boston Med. and Surg. Jour.*

**A PROTEST AGAINST THE WHOLESALE REMOVAL OF THE TONSILS.**—A paper in the London Medical Times (March 8th) condemns the wholesale removal of tonsils for chronic inflammation. The disease is peculiar to certain individuals, usually those of a strumous type. In many cases other lym-

phatic enlargements co-exist. The cause of the fluctuation in size in the same person and of the regrowth after removal is to be looked for in the anatomy of the organ. It is made up entirely of lymphatic and adenoid tissue. The symptoms produced are the peculiar expression of the face, the noisy breathing at night, occasional deafness, and less frequently abdominal pain and capricious appetite. So long as deglutition and respiration are not interfered with the size of the tonsils is usually a matter of little importance. A strong tendency to atrophy as age advances exists. When the tendency to hypertrophy is still present it is almost certain to show itself after ablation. The general, not the local, condition should be aimed at as the object of treatment. In most cases it is found that cod-liver oil and iron will do as good work before as after operation. Except for the one cause of local obstruction there is no more reason for removing hypertrophied tonsils than any other enlarged lymphatic glands.—*Boston Medical and Surgical Journal.*

**CANCER REMOVED BY A RUBBER BAND.**—Samuel Knaggs, M.R., C.S., in British Medical Journal. I will mention a simple method which I have found useful for removing cancerous masses; it is only intended for temporary relief, but it gives very little pain and produces much subsequent comfort. It consists in the application of a thin strip of India-rubber around the base of the growth. This thin rubber band having been stretched three or four times around the base, but not so tightly as to cut through, the ends are tied with silk when at full tension as closely as possible to the tumor, and gradual progressive contraction takes place. Where this has been done, considerable sloughing of the cancerous mass has taken place below the site of the ligature, so that a much greater amount of the disease was removed than was included within it. It checks hemorrhage, relieves pain, adds greatly to the comfort, and somewhat to the life of the sufferer. Such is the constricting power of the rubber, that in one case where the enclosed mass was larger than a big lemon, and had penetrated by deep seated ulceration hopelessly beyond the reach of any surgical measure, the whole included mass was cut through in five days, with several layers of cartilage, which were as cleanly divided as though they had been cut with a knife. The patient, a strong middle-aged man, was blanched with loss of blood when

this mass was first ligatured, for at each daily dressing nearly a couple of ounces of blood was lost before I saw the case. The mass was tied without the aid of anesthetics, and immediately afterward a subcutaneous injection of morphia was given. In three minutes sleep commenced and continued for seven hours, at the expiration of which time he awoke free from pain, and remained for eight weeks in great comfort, and entirely without bleeding. The parts were daily cleansed, and then dressed with a thick covering of equal parts of powdered conium and tannic acid. The growth then began to grow rapidly, and bleed freely, and the process was repeated with precisely the same results; but deeper seated growths afterward developed, which could not be attacked, and the person died, five months after the application of the first ligature and two months after the second. The masses removed on each occasion were fully as large as my clenched fist. The strangulation of hemorrhoids is also, I think, more pleasantly and quickly effected with this ligature than by ordinary thick silk. It is a little more difficult to manipulate, and is most readily applied behind a strong tenaculum, which has transfixed the base of the pile. The powerful continuing contraction renders the division of the skin unnecessary if the pain of the first few hours be well relieved by morphia; and there is much less soreness and discomfort afterward, and less liability of the absorption of putrescent liquids. Encircling nevoid masses with a similar temporary ligature at the base allows their being dissected out with very little loss of blood.

ON FETAL REVOLUTIONS.—Dr. J. Matthews Duncan, in some remarks before the London Obstetrical Society, June 4, 1884, regarded revolutions as distinct from rotation, as having been too much neglected in studying the mechanism of delivery. He showed the difficulty introduced by the peculiar curvature of the genital passages, which was nearer a parabola than a circle (circles of Carus). He showed that special mechanisms, as of the delivery of the head, extension, flexion, were imperfectly described and misunderstood because not studied as parts of the change of fetal attitude necessitated by the revolution. Revolution generally involved extension of the whole fetal body. The various forms of revolution observed in different presentations and conditions of the fetus were then

described. The President expressed his approval of the paper. Dr. Galabin criticised the accuracy of Dr. Duncan's description on the principles of geometry, and objected to the fetus being likened to a viscous mass; although it was plastic to some extent, it came mechanically under the head of rigid bodies. Version illustrated this. Dr. Champneys pointed out the importance of accurate knowledge of mechanics in practice; for instance, in the delivery of the head. The head was born by a movement of extension with advance; if the advance were forgotten, and extension artificially produced, the larger fronto-occipital, instead of the smaller suboccipito-frontal circumference, distended the vulva, and the perineum was unduly stretched. He was convinced that laceration often occurred from this cause. The words revolution and rotation were familiar to all, and were most useful for teaching purposes; a wheel rotated round its axletree, the moon revolved round the earth and also rotated. Viscosity could hardly be denied, in the face of the various forms of expression of more mobile parts or their retardation, and the fetus could not, therefore, be regarded simply as a series of rigid levers. Dr. Matthews Duncan, in reply, indorsed Dr. Champney's remarks, and stated that the movements, as described by him, had been so described by all previous good observers, and that his descriptions were not innovations as Dr. Galabin implied.—*The British Medical Journal*.

THE Abortive Treatment of Chancroids is the subject of a paper by H. V. Hebra, in the *Wiener Med. Presse*. He claims that by his method buboes never put in an appearance, and that it is entirely painless. Powdered salicylic acid is applied in such a manner that only the chancres and their edges are covered. The whole penis is then enveloped in cotton-batting which is held in place by means of adhesive plaster. When the suppuration is not too great the dressing need be changed but once in twenty-four hours. Even the day after the first application a white pellicle or crust has formed, the edges appearing red. This redness is caused by the contact of the acid with the healthy skin. After about the third day the scale or crust is somewhat thick and must be removed. An emollient salve is applied on a rag, and in a few days the sore is healed. In this manner the whole trouble is disposed of in from four to six days.—*The Weekly Medical Review*.

**SURGICAL TREATMENT OF GALL-STONE.**—Mr. Lawson Tait, recently suggested the crushing of gall-stones by grasping the duct with the forceps. He writes to the British Medical Journal: I have carried my proposal out, and crushed the stone with great ease by two strokes of the forceps. It was about the size of a cherry, and after it was broken the fragments dispersed, and they have given no trouble at all. Since the operation, only a very small quantity of mucous fluid, faintly tinged with bile, has come through the fistula, and the patient's motions are now quite normal in color. I shall close the fistula in a few days, and then will end all I have to say on this interesting subject.

**CONSTIPATION AND MELANCHOLIA.**—Dr. Bangs, before the New York Clinical Society, recently related the case of a gentleman, seventy-four years of age, who while riding was suddenly seized with a desire to evacuate his bowels. When he reached home he was unable to pass any thing, and from that time for a year he suffered with the most obstinate constipation. Examination revealed a large mass, which nearly filled the rectum, situated about three inches from the anus. It was hard and firm, and not sensitive on pressure, and there was no sign of ulceration. There was found to be a small opening through it, which was dilated so as to admit a No. 9 Wale's rectal bougie, and there was now no difficulty about the evacuations, but within the last few weeks the patient had lapsed into a state of great mental depression, had lost flesh rapidly, and was now truly melancholic. Although cancer might be suspected from the family history, no evidence of such a growth could be found on careful examination.—*New York Medical Journal.*

**SALICYLIC ACID IN THE TREATMENT OF CHANCROID.**—H. von Hebra (*Wiener Med. Presse; Centralbl. f. Chir.*) recommends the application of salicylic acid to chancroids as an abortive method of treatment. After cleansing the sore thoroughly with spiritus saponis alkalinus, and drying it, pure salicylic acid is dusted on to it, and a little cotton is laid over all, secured in place with a strip of adhesive plaster. It is generally sufficient to change the dressing once a day, but in cases of a free discharge it should be renewed twice daily. In a case related, at the end of three days the surface of the sore had become covered with a moderately thick

white crust. The use of the acid was then discontinued, and an emollient ointment was applied, spread on linen. After the crust fell off, cicatrization took place in a few days. It is suggested that this treatment is likely to prove a preventive of buboes.—*Id.*

**BATH-BEDS.**—The Vienna correspondent of the British Medical Journal says: In Professor Kaposi's wards the permanent bath-beds are in constant use. Burns, ulcers, and obstinate syphilides are here treated; in the latter cases, weak solutions of perchloride of mercury may be used with advantage. In the case of burns the patients express themselves as being most comfortable; after being in the "bed" a few moments all pain is lost, and there is no dread of change of dressings, for none are used. Not only does the slough separate and the wound clean, but cicatrization progresses, it is said, more rapidly in the water than under any other treatment.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, July 27, 1884, to August 2, 1884.

*Head, John F.*, Colonel and Surgeon, ordered to Portsmouth, N.H., to meet the Greely party, and consult upon the proper course of treatment, with a view to the entire restoration to health of Lieut. Greely and the men of his command. (S. O. 177, Par 14, A. G. O., July 30, 1884.) *Wright, Joseph P.*, Major and Surgeon, sick leave of absence extended three months on surgeon's certificate of disability. (By Par 12, S. O. 176, A. G. O., July 29, 1884.) *Woodward, Joseph J.*, Major and Surgeon, sick leave of absence extended six months. (Par 9, S. O. 178, A. G. O., July 31, 1884.) *McElderry, Henry*, Captain and Assistant-Surgeon, so much of par 12, S. O. 165, A. G. O., July 16, 1884, as assigned him to duty in Department of the East, is revoked, and he is ordered to report in person to the Surgeon-General of the army for duty in connection with World's Industrial and Cotton Centennial Exposition, at New Orleans, La. (Par. 12, S. O. 173, A. G. O., July 25, 1884.) *Finley, J. A.*, Captain and Assistant-Surgeon, granted leave of absence for one month, with permission to apply for one month's extension, to take effect about September 1, 1884. (Par 2, S. O. 91, Hdqrs. Department of Texas, July 22, 1884.) *Taylor, A. W.*, First Lieutenant and Assistant-Surgeon, ordered for temporary duty at Fort Riley, Kansas. (Par 1, S. O. 153, Hdqrs. Department of the Missouri, July 29, 1884.) *Gandy, C. M.*, First Lieutenant and Assistant-Surgeon, granted leave of absence for one month, to commence between August 15th and 30th, provided he furnish medical attendance at Fort Brady, Michigan, during his absence. (Par 5, S. O. 154, Hdqrs. Department of the East, July 30, 1884.)